

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-010746

318

1003

2776

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

FILED

1. PLACE OF DEATH
 COUNTY St. Louis No. 7 Date 1961 Nil

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Nil

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 18 Hrs.

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hosp Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 3500 Miami St Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Frieda Middle M. Last Essmueler

4. DATE OF DEATH Month 3 Day 23 Year 1961.

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 12/25/187 9. AGE (last birthday) 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At home 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Frederick H. Essmueler 13b. MOTHER'S MAIDEN NAME Marie Mueller 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. _____ 17. INFORMANT Dr. Essmueler, 310 Honeycreek Dr. St. Louis, Mo. Address 17

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) 2nd and 3rd % burns of 90% of body suffered when

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. clothing was ignited while near stove in home on

DUE TO (b) Made 22, 1961.

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) see above

20c. TIME OF INJURY Hour 1 a.m. p.m. Month 3 Day 22 Year 61

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 16 Home

20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE _____

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph M. Zuercher (Degree or title) Deputy 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 3-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-24-1961 23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery 23d. LOCATION (City, town, or county) Allton 23e. STATE Mo.

24. FUNERAL DIRECTOR Mittelberg ADDRESS Webster Groves, 19, Mo. 25. DATE RECD. BY LOCAL REG. MAR 23 1961 26. REGISTRAR'S SIGNATURE Loard Smith, M.D.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ethan R. H. Hennessey

Licensed Embalmer No. 4783

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.